



# Dental claim form

## How to claim:

1. Complete the personal details below.
2. Ask the Dentist or Receptionist to complete the back of this form. Attach a receipt for the full cost of your treatment. Alternatively get an itemised receipt and attach it to the claim form and ask the Dentist or Receptionist to stamp the form.
3. Send the form and receipt to AXA PPP healthcare, PO Box 72062, London, EC3P 3DD.  
Tel: 0800 051 8029. Alternatively, you can email the form to us at dentaladmin@dentalcare.axa-ppp.co.uk

**Please note:** Claims without proof of payment cannot be processed. Claims should be sent within 90 days of completing the last treatment in any course. Claims will be paid in line with your plan entitlement.

## 1 Lead member's details

1.1 Name including title:

  

1.4 Your postal address:

  
  
  
 Postcode:

1.2 Date of birth:

     

1.3 Membership number:

1.5 Name of employer:

## 2 Patient's details

2.1 Name including title:

  

2.2 Date of birth:

     

## 3 Payment details

If you wish to receive payment by cheque, please tick here.

If you wish to receive payment by BACS, please complete the below:

3.1 Account name:

3.3 Sort Code:

3.2 Account number:

3.4 Roll number (if applicable):

## 4 Declaration and consent – to be signed by the patient (or by the Lead Member if patient is under 18 years of age)

I confirm that the information I have given on this form is true and complete. I give my permission for AXA PPP healthcare Limited to ask for more information about this claim from my dentist. I give my consent to AXA PPP healthcare Limited processing the information on this form and in any medical reports or health records that may be requested.

4.1 Signature:

4.2 Date:

## 5 Treatment details – to be completed by the dentist

NHS or Private	Treatment	Date of treatment	Units of treatment	Charge	For internal use only
<b>NHS TREATMENT CHARGED BY BAND</b>					
NHS	Band 1			£	
NHS	Band 2			£	
NHS	Band 3			£	
NHS	Emergency treatment			£	
<b>TREATMENT CHARGED INDIVIDUALLY</b>					
<b>EXAMINATIONS*</b>					
	Basic examinations			£	
	Extensive examinations			£	
	Full case assessment			£	
<b>X-RAYS*</b>					
	Small x-ray			£	
	Medium x-ray			£	
	Panoral x-ray			£	
<b>SCALINGS*</b>					
	Simple scaling			£	
	Complex scaling			£	
<b>FILLINGS</b>					
	Silver filling – 1 surface			£	
	Silver filling – 2 surfaces			£	
	Silver filling – 3 surfaces			£	
	White filling – 1 surface			£	
	White filling – 2 surfaces			£	
	White filling – 3 surfaces			£	
	Pin or filling			£	
<b>ROOT TREATMENTS</b>					
	Root canal – Incisor/Canine			£	
	Root canal – Premolar			£	
	Root canal – Molar			£	
	Apicectomy			£	
<b>EXTRACTIONS</b>					
	Extraction			£	
	Surgical extraction			£	
<b>VENEERS AND INLAYS</b>					
	Veneer <small>(Approval needed before any treatment if more than one per plan year.)</small>			£	
	Inlay			£	
<b>CROWNS AND BRIDGES</b>					
	Crown			£	
	Post for crown			£	
	Conventional bridge*			£	
	Adhesive bridge*			£	
	Re-fix, re-cement crown or bridge			£	
	Implant*			£	
<b>DENTURES</b>					
	Acrylic upper or lower denture			£	
	Acrylic upper and lower denture			£	
	Chrome upper or lower denture			£	
	Chrome upper and lower denture			£	
	Repair or reline denture			£	
<b>MISCELLANEOUS TREATMENTS</b>					
	Mouthguard			£	
	Anaesthetic (per visit)*			£	
	Emergency charge*			£	
	Overnight hospital stay*			£	
	Orthodontics (children only)*			£	
	Other treatment (please specify)			£	
<b>TOTAL CHARGE</b>					
	Is the treatment as a result of an accident/sports injury? Yes/No			Dentist's stamp	
	Dentist's telephone number:				